Managed Care in the Public Mental Health System: The Washington Approach

Washington State

Department of Social and Health Services
Mental Health Division

March 1998

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

I am very pleased to present the final version of the system policy paper developed for the Mental Health Division. This policy paper is the result of participation and suggestions from people with a variety of perspectives (consumers, Regional Support Networks, Tribes, and providers) on the draft document released in September 1996.

The paper provides a brief background and history, statement of values, description of services and population, system characteristics, definition of roles, and an outline of continuing system work. The values and system description presented here represent the combined vision of the Washington State Mental Health System.

My personal thanks to the many Mental Health Division staff and numerous partners in a variety of roles who contributed ideas, energy, and personal commitment to this paper and the difficult and exciting work it describes. We owe no less to our fellow citizens who experience mental illness.

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Director, Mental Health Division

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Introduction

Overview

This paper has been developed to outline the State of Washington's reform efforts for the state's publicly funded mental health services. This document is intended to expand upon the draft policy paper originally released in September 1996, although the basic policy remains substantially the same. Washington is one of eleven states granted a federal waiver to implement a managed care model in the delivery of services to people with severe and persistent mental illness and children with serious emotional disturbance and their families.

History

During the past decade, escalation of health care costs have led to the transition from block grant and fee for service payment models to managed care strategies. This transition started in the private health sector and has moved to publicly funded mental health care. For Washington, this transition has occurred in three phases. The first phase was implemented in the form of 1989 legislation, which created Regional Support Networks (RSNs). These networks are made up of one or more counties. (See map, Appendix A.) The Department of Social and Health Services purchases services from the RSNs on behalf of people covered by Medicaid and other vulnerable populations. The RSNs then contract with mental health agencies, which provide direct services to these consumers of mental health services.

The Mental Health Division (MHD) began the second phase of movement toward managed care in 1993 with the implementation of outpatient managed mental health care services for people covered by Medicaid under a federal waiver[1]. Washington State purchases outpatient services through capitated payments to the RSNs. RSNs operate Prepaid Health Plans (PHPs) by assuming financial risk to provide all medically necessary outpatient community mental health rehabilitation services to people in their geographic region.

The third phase was initiated in December of 1996 when the Mental Health Division began the process of requesting a new waiver to include community psychiatric hospital services within the managed care contracts. This change was approved by the federal government in October 1997. Through the

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[1] Specifically, the waiver to the Social Security Act granted by the Health Care Financing Authority (HCFA).

continued use of a capitated payment system, the RSNs will assume full financial risk for the management and provision of all medically necessary mental health services, no matter the cost.

The waiver allows the Mental Health Division to buy comprehensive, integrated managed mental health care provided through Prepaid Health Plans. Under the waiver, RSN's have the first opportunity to demonstrate their qualifications to provide integrated mental health services. As of January 1998, one RSN, Pierce County, is providing services under the Integrated Services Contract, which includes managed inpatient and outpatient services. Six more RSNs are in the application process. Phase-in will continue through the 1997-1999 biennium.

Mission of Washington State Publicly Funded Mental Health System

Mission Statement

The Mental Health Division and community stakeholders from throughout the state developed a mission statement for the public mental health system. It reads as follows:

The mission of Washington State's mental health system is to ensure that people of all ages experiencing mental illness can better manage their illness; achieve their personal goals; and live, work, and participate in their community.

We are committed to take actions consistent with these values:

1. **We value the strengths and assets of consumers and their families and seek to include their participation in decision-making and policy-setting.**
2. **We respect and celebrate the cultural and other diverse qualities of each consumer.**
3. **We work in partnership with allied community providers to deliver quality individualized supports and services.**
4. **We treat people with respect, equality, courtesy, and fairness.**

Given this mission, we believe the operation of the system should be based on the following principles:

1. Treatment becomes meaningful when participants have voice, access and ownership of the mental health services.

2. Staff at all levels shall treat people in the system with respect, equality, courtesy and fairness.

3. Services shall heed individual diversity and explicitly incorporate the age, culture and preferences of the participant and his or her family and/or natural supports in the plan of care.

4. Participants and their families shall be included in the ongoing process of decision-making and policy-setting in the planning, implementation and operation of the system.

5. Treatment and support is provided in such a way that the lives of people are disrupted as little as possible by mental illness while keeping them and their community safe.

6. Providers of mental health services must work in active partnership with other allied community providers to insure that participants receive a balanced, coordinated and individualized array of quality supports and services.

7. People shall be provided access to information about mental illness and treatment options.

8. Services shall be offered that are the most responsive to the participant's needs in the least restrictive manner and setting possible.

9. Services shall be quickly and conveniently offered so that the right services are available at the right time and in the right place allowing the greatest possible opportunity for recovery.

10. Participants have the right to receive services from qualified staff who are both clinically and culturally competent.

11. Effective plans of care shall result from a comprehensive evaluation and be based on the strengths of the person and his or her family or natural supports. They should begin with education on the nature of the mental illness he or she is experiencing and the range of options for treatments and support available in the system, including not only medications and

formal psychotherapies, but also alternative approaches that may be appropriate to the age, culture and preferences of the participants.

12. Participants who experience persistent but fluctuating effects from their mental illnesses require stable relationships with the network of providers as their needs wax and wane. These relationships must allow for reductions, increases and modifications of support and services without repeated reapplication for enrollment and without constant changes in the personnel with whom the participant and his or her family or natural supports interact.

13. Managing the publicly funded trust requires acting as stewards for the taxpayers dollars by providing the needed services in the most cost effective and efficient manner possible.

The Challenge

Historically, the publicly funded sector has been expected to provide care for persons with severe mental illness. Washington State's Mental Health Division has clear statutory obligations to ensure that these individuals are served (RCW 71.24) with available resources. A major challenge faces Washington State: To assure our most vulnerable citizens have access to high quality mental health care while containing the rapidly escalating costs of this care. Although the direct costs of providing such care can be high, the hidden costs of not providing it may be even higher in terms of tax dollars, community disruption as well as community well being.

Building a Hybrid System

Washington State's answer to this challenge is to create a system in which the values of the publicly funded sector dictate the extent of services rendered to consumers. These services incorporate the private sector approaches of:

- cost containment;
- utilization management;
- quality assurance and improvement;
- increased administrative efficiencies; and
- making more effective use of data to adapt quickly to changes in the environment.

The business of the publicly funded mental health system is to meet the needs of the individuals it serves while ensuring the safety of both the individual and the community. To accomplish this, the approach must be responsive to individuals and the interplay of needs and resources. The publicly funded health system mandate is to identify individuals with multiple, long-term needs and match those needs with appropriate community services. The publicly funded mental health system has a wealth of experience in supporting persons with complex needs over long periods of time. It functions as part of the community to match individual needs to other publicly funded resources.

The Mental Health Division has built upon regional partnerships to create the best service standard possible from two major models of service:

Public mental health, which historically has provided care for the most at risk people;

Private sector managed care principles and tools, which provide clarity, accountability, utilization management and fiscal solutions to the continuing problems of escalating costs in the publicly funded sector.

The Mental Health Division's goal is to take the best that private managed care has to offer and combine it with the core values of the publicly funded mental health system as stated in the Mission Statement. This model ensures: access to services that meet individual needs; provision of community linkage; and integration of other publicly funded services and natural supports in the most cost effective, responsive manner.

The ability to identify and adapt attributes and technologies associated with private sector managed care to the publicly funded arena with its historical grant-based system is challenging and requires aggressive work by all parties.

Covered Lives and Benefits

Washington State's mental health system has the responsibility to serve different populations at different levels of service. Depending on the level of functioning and seriousness of mental illness, participants receive different levels of care based on their individual need and eligibility. Crisis response, disaster response services, and involuntary treatment services are available to all state residents. If a state resident is covered by Medicaid, medically necessary mental health services including case management, hospitalization, brief therapy, and community support must be provided. Other people with serious mental illness are to be provided services as resources allow.

Individualized and Tailored Care

Ideally, persons with serious mental illness should receive services that are tailored to meet their individual need. Individualized and Tailored Care in a public system is a set of values that represent best practice, principled and compassionate care for consumers and their families. At a minimum, best practice with Individualized and Tailored Care involves a networking activity with those individuals the consumer defines as their community. This networking includes, but is not limited to, formal system specialists and other significant people in the persons' life (e.g. family members, friends, community members, and neighbors).

This group collaboratively develops a care plan focusing on strengths of the consumer. This plan creates flexible supports and services to enable the consumer to live, work, and participate more fully in his or her culture in the community over time. The consumer's voice is to be the driving force of the decisions made by the team.

The importance of the person's need for independence and/or assisting the person in achieving his or her highest level of functioning is to enable them to attain their personal goals in their own community over time. As we progress in managed mental health care, we must understand that the vision toward which we are working is not only the vision of previous decades—community maintenance, symptom control, or providing certain services—it is also a vision of promoting normalized recovery. The system must demonstrate the ability to adjust the intensity of services, including a process which allows the consumer to reenter the formal system as needed without having to reapply for admission.

Collaboration

Because people with mental illness often have other support needs as well, it is imperative that the mental health system interact with all allied service systems (e.g. medical plans, substance abuse treatment providers, schools, courts). Working together at all levels (i.e. state, region and direct services) ensures that services are appropriately utilized and that duplication of effort is reduced for consumers with multiple needs. While the mental health system is not the primary source of treatment or care for other needs, it must continue to work with the primary providers of these services to clarify roles and assure full coverage of the spectrum of services without duplication.

Mental health service providers must also work with the consumer's community to assure support outside of the mental health system and provide services in the least restrictive environment. Non-traditional collaborations with community

organizations like the YMCA, local community centers, churches and social organizations must be instituted if care is to be strength-based and recovery-focused. Independence from formal systems is a goal common to both managed care principles and the values held by the publicly funded mental health system.

In addition to community alliances, the mental health service provider must work with informal or natural support systems such as family, neighbors, and friends of the consumer to facilitate the process of recovery. This collaboration supports the consumer outside of the formal system while empowering the consumer and family to make independent decisions so as to meet individual needs in a way that is most natural to the consumer and their family.

Accountability

Accountability is the ability to demonstrate that individual and community needs are met effectively within resources. Being accountable to the people in need of care as well as state taxpayers is essential. Increased clarity of expectations, integration of monitoring approaches, and use of quality management systems serve to accomplish this goal. In order to produce an accountable mental health system, quality management systems must be in place. The quality management system has a prescribed structural framework, and must contain specific elements. These elements are outlined in the following sections.

Quality Management

With the Mission Statement reading: "to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals and live and work and participate in the community," the following questions arise: How do we know that this happens? How do we hold the system and ourselves accountable for ensuring these goals are addressed and met? In order to answer these questions, an effective quality management (QM) system must be in place.

The MHD has the responsibility for statewide oversight of services and support for the publicly funded mental health system. Additionally, the MHD must be able to respond quickly to federal agencies, the state legislature, and other stakeholder requests for information. In order to meet these responsibilities, the MHD must have access to information collected at the RSN level. It must have a method to report the findings of research and statewide monitoring to ensure the taxpayer trust is maintained. In order to do this, the MHD has asked the RSN to submit quality management plans that incorporate their individual characteristics within a framework provided by MHD in the contract application process.

HCFA guidelines for quality assurance and improvement processes include the following elements: a focus on mental health outcomes, appropriate use of clinical guidelines and quality indicators, analysis of clinical care and related services and supports, and evaluation of staff providing clinical services to ensure competency. The process must contain specific methods for implementing corrective action when called for by the QM process and then checking on the effectiveness of those corrective actions. The QM process itself should be regularly evaluated.

Quality Management Framework

There are three major levels of Quality Management. At the most basic level, the quality assurance and improvement system assures that the services guarantee the basic health and safety of individuals in the system. Next, it monitors for current and expected levels of service quality and whether the needs of the participant are met. These expectations are set above minimum health and safety requirements, so as to assure the level of service meets current clinical expectations. Finally, the QM system provides information used to increase the quality of services and shape best practices toward the ideal level of services and support.

The RSN quality assurance and improvement processes must monitor system capacity, the intensity of services and supports being provided, and the outcomes being achieved through those services. This process must be capable of tracking the degree of fit between the needs presented by participants and the support and services offered as well as the timeliness of the response. All RSN quality assurance and improvement information should be used not only to maintain consistency and effectiveness in day to day operations, it should also disseminate process and service innovations, respond to new challenges and help the provider system restructure itself as necessary.

Consumer Rights and Protections

Consumer rights and protections are a critical part of the quality management process, and must be observed within the quality management process. This ensures that service delivery is consistent with the values held by the public mental health system around consumer voice and the recovery process, as well as the mandate from the state and federal government to protect the rights of persons with mental illness. The following processes are in place:

Choice

Consumers have the right to choose a primary care provider from the available staff in the RSN and to change providers within their region without reason once a year, or more with documentation of good cause.

Client Bill of Rights

A client bill of rights[2] shall be posted in mental health agencies. These rights include: the right to confidential; culturally competent, adequate care; the right to refuse medications; and the right to a second opinion.

Grievance Process

Consumers have the right to file and pursue grievances. This is a process for reviewing and adjudicating complaints covered under the RSN, including its primary care providers. The process provides for prompt resolution of complaints, with the participation of individuals who have authority to implement or compel corrective action. Grievance plans and procedures are made known to consumers and staff, allowing the opportunity to report grievances and have them investigated.

The RSN must have clearly defined roles of authority for intervention on behalf of consumers to assure complaints are resolved at the lowest possible level. Follow-up is to be provided to assure implementation and resolution agreements and assure that there are no retaliatory actions taken against consumers who utilize this process. These grievances are not terminated solely because the recipient has left service. All recipients and staff are informed of the grievance process, including the name and phone number of the contact person for grievances.

Ombuds

Consumers have the right to access independent Ombuds Services in each RSN. Ombuds Services provide an advocacy process by which individual consumers may seek resolution for complaints or grievances arising from dissatisfaction with any part of the service delivery system.

Quality Review Teams

The role of Quality Review Teams (QRT's) is to provide support and leadership in elevating consumer and family voice in systemic issues concerning mental health

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[2] (According to WAC 275.57.340, 71.05.360, 275.57.220- See Appendix B.)

services. The QRT is to have an independent voice in choosing what they deem necessary to review and ensure that quality mental health services are developed and delivered so as to assure consumer and family satisfaction.

The Quality Review Team and Ombuds persons are to be functionally independent of the RSN and have the authority to perform their roles without hindrance in an effort to refine mental health services. The data produced by Quality Review Teams and Ombuds services is to be fully integrated into the region's overall quality management processes to assure that an active, critical, continuous quality improvement process is consumer–driven.

Performance Indicators and Client Outcomes

System Performance Indicators that measure capacity, consumer access, and number of persons served, are used to examine the responsiveness of the mental health system. Number of persons served, hours of service, and type of services provided are examples of System Performance Indicators. Client outcomes are measures that reflect the results of services provided. Consumer levels of functioning, levels of community integration and independent living are common measures of consumer outcomes.

Consumer Satisfaction

In addition to a statewide sample survey of consumer satisfaction, each RSN is to have its own measures of consumer satisfaction that are incorporated into their quality management system. These measures may vary according to the individual characteristics of the RSN.

Roles

In creating and implementing an integrated comprehensive managed mental health plan, there are several distinct roles that must be filled in provider networks (formal and informal) which deliver regular and specialized services and supports. The Regional Support Networks and the Mental Health Division share some roles, while other roles are unique to the specific place within the mental health system.

Shared Roles

The MHD and the RSN have common responsibilities regarding accountability to taxpayers and assurance of quality services. The following responsibilities must be met:

- Public stewardship of the taxpayers trust

- Protect the health and safety of the consumer
- Assure maximum amount of services and supports
- Assure maximum publicly funded dollar spent on direct services and supports for persons with serious mental illness and children with serious emotional disturbance
- Monitor quality of services
- Recognize the RSN work toward meeting goals and outcomes

The division of labor in these shared roles will be clarified over the course of the biennium.

The Mental Health Division

The Mental Health Division receives directives and funding from the legislature to drive the system. In addition, it receives input from consumer groups, family members, advocates, providers, local units of government, business and neighborhood leaders and others who form the community stakeholder group. With this input, The Mental Health Division develops the operating guidelines for the system. The Mental Health Division is a direct service provider to consumers, operating the three fully accredited, certified state hospitals. It must also be ready to coordinate the response to special problems that develop anywhere in the system, including unexpected demands or shifts in demand for services, management of organizational conflicts, and resolution of grievances that require state intervention. What follows is a list of responsibilities that are necessary for the MHD to provide a leadership role in an integrated managed mental health care environment:

- Ensures an accountable statewide mental health system
- Sets policy and values for the system
- Operates the state hospitals
- Certifies the RSNs and licenses provider agencies
- Defines covered lives and minimum services
- Acquires and distributes state and federal resources
- Sets contract requirements and establishes contracts with purchasers of service

- Sets performance and outcome standards
- Publishes the results of measurement of standards and monitoring
- Assists regional authorities in meeting goals
- Advocates for resources for mental health services
- Promotes individualized care which is age and culturally competent
- Promotes further system development and training

The Regional Support Network

The core of the RSN's duty under a comprehensive managed mental health care plan is to ensure that a seamless system of mental health services that meets individual need is implemented within a local geographic area for which it is responsible. This range of services must include both hospital and outpatient care for any person who is eligible for publicly funded treatment when that person's level of need reaches the criteria for medical necessity as defined and for others whose level of care needs are acute. The RSNs act as purchaser and manager of services.

Regional Support Networks carry out the coordination and purchasing of services, contracting with the Mental Health Division and the service providers. In most regions of the state, services are provided by a wide range of organizations and individuals, many of whom have historically worked independently. As we move to a more integrated network, the formal and informal connections become increasingly more important, as do the operating procedures which are used by everyone who provides publicly funded mental health services. As system integrator in a comprehensive managed mental health care plan, the RSN will oversee every aspect of the mental health care being provided for participants and their families, including services and supports at every stage of intensity and across the full range of alternatives for dealing with the needs which each participant presents.

Because the RSN administers a complex service system for publicly funded participants, a wide range of state and federal statutes and regulations apply to its operation[3]. What follows is the list of roles that are necessary for the RSN:

- Creates and maintains administrative structure across the RSN to meet community needs as a mental health system
- Maintains a single point of authority including one central advisory and governing board, and one central fiscal structure
- Assures that consumers are provided services which meet their needs
- Assures access to mental health services for all covered lives
- Develops and maintains a provider network to meet individual consumer needs
- Maintains a system of resource management (Care Management) and utilization review independent of the provider as defined by the Mental Health Division that includes authorization process and concurrent review or retrospective review
- Assures consumer satisfaction
- Maintains a quality assurance and quality improvement system approved by the Mental Health Division
- Assures local input and responsiveness
- Maintains reserves in accordance with Mental Health Division policy
- Provides information to Mental Health Division
- Assures the outcomes defined in contract by the Mental Health Division are met
- Produces data on outcomes in accordance with Mental Health Division guidelines

[3] The RSN must provide services in accordance with RCW 71.05, 71.24, 71.34,74.09, 38.52 (services only) and WAC 275-54,55 & 57. It must provide services to Medicaid recipients in accordance with the Social Security Act (waived sections: 1902(a)(1), 1902(a)(10), 1902(a)(23),1902(a)(30) and to the extent deemed necessary by state and federal government, any other provisions of Title XIX of the Social Security Act and applicable Federal regulations.

- Maintains an effective profiling and credentialing system approved by Mental Health Division
- Administers a portion of the state hospital budget
- Maintains a consumer complaint and grievance process
- Promotes agency and clinician transition into current environment
- Coordinates with Tribes
- Coordinates with ancillary providers

Next Steps

Over the next 18 months, the mental health system will continue to implement the concepts set forth in this paper. Specific focus areas to be addressed by the Mental Health Division, in partnership with the RSNs and a wide range of interested parties are: Accountability, Best Practices, Individualized and Tailored Care, and Collaboration.

Accountability

Performance Indicators. The ability to tie performance indicators to currently available data has proven to be a critical factor in creating valid performance indicators. These indicators should reflect statewide goals and have a sufficient baseline history. They should be clearly tied to targets reflected in national data as standards of excellence and clinical importance. As work evolves in the area of specific outcome measurements, the MHD will continue to keep open communication lines with stakeholders and the RSNs regarding these critical accountability and measurement issues. Measures in the areas of repeated use of hospital care, time from hospital to community services, employment and housing measures, and access for people who are mentally ill and legal offenders are under development.

Statewide Outcome Survey. The need for a statewide baseline of consumer input regarding issues of need and satisfaction with services has long been noted. The Mental Health Division, working with the RSNs, is conducting a statewide study to interview a generalizable sample of consumers in areas of satisfaction. This study began in October of 1997 and will continue until all randomly selected consumers from the FY 1996 data base, and their case managers, have been contacted and the data has been collected and analyzed. This information will be analyzed at a statewide level to provide a base line of consumer input on issues of need, fit with services, satisfaction

and other information. Findings will then be assessed by a team of Mental Health Division and RSNs staff plus researchers to understand the full range of application of such data to aid in delivering services to mentally ill persons.

Outcomes for Elderly Persons. In line with the above study, a project specific to older persons is being conducted. This study will be done by the Western Branch of the Washington Institute for Mental Illness Research and Training to develop specific outcome measures for elderly person with mental illness. This study is being conducted as part of several state studies being guided by a national expert.

Best Practices

Starting in the Spring of 1998, a series of quarterly Best Practice forums is planned to provide the opportunity for RSNs, mental health agencies, consumers and families, and others, to gather and share expertise in areas such as:

1. Managing Financial Risk in a Managed Care Environment
2. Approaches to Managing and Measuring Quality
3. Providing Integrated Care to People with Mental Illness and Chemical Dependency
4. Effective Treatment of People with Mental Illness who Threaten the Public Safety

Broad participation is expected within the state.

Individualized and Tailored Care

Statewide work continues in the area of developing creative supports to meet individual needs. Practice around the state is being strengthened by the following:

1. Current Outpatient/Inpatient contracts require RSNs to provide individualized and tailored care.
2. The Case Manager Training Academy provides intensive training for case workers from across the state and for mental health and allied system workers.
3. Ongoing use of national and regional consultants to provide technical assistance to communities around the state.

Collaboration

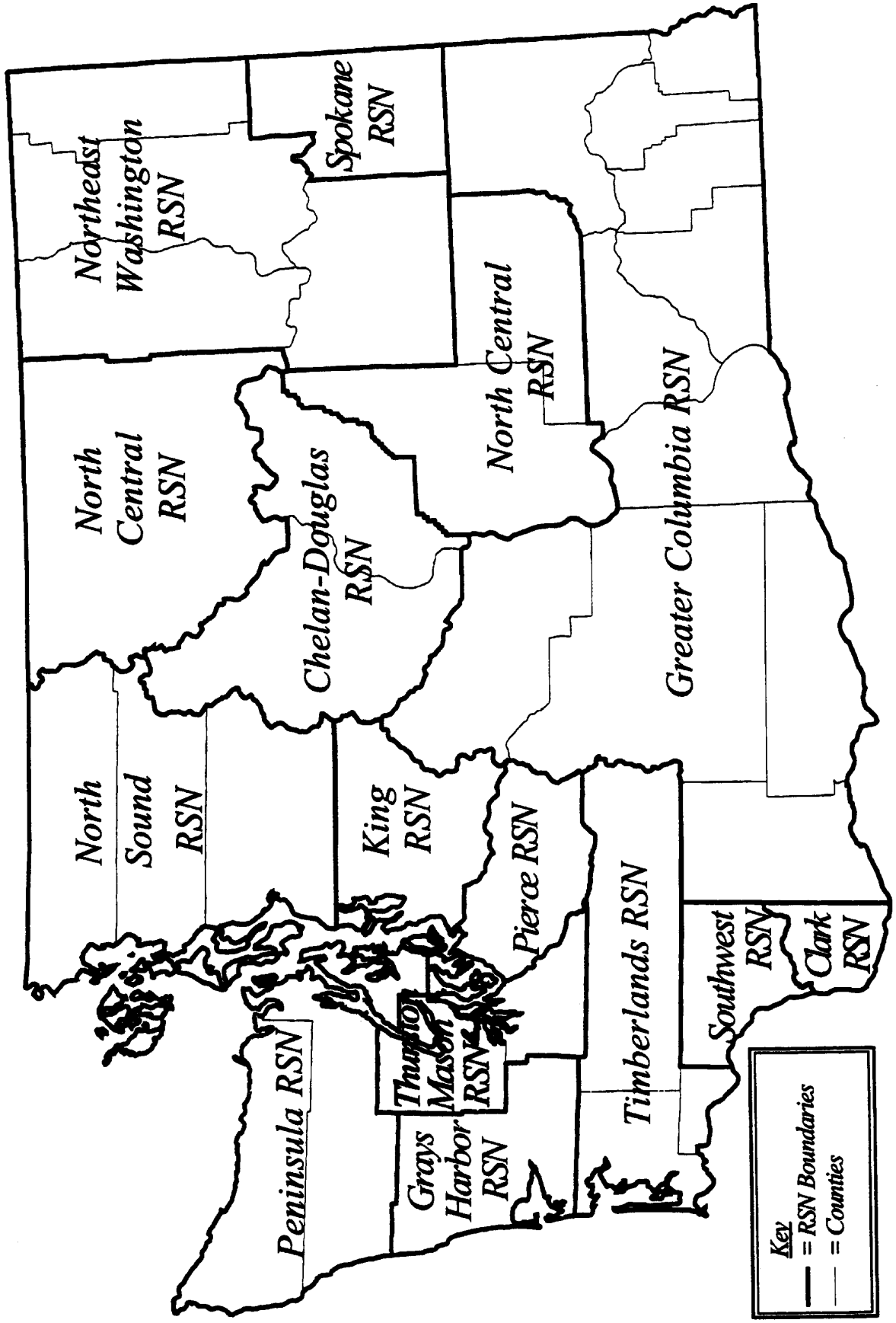
Providing effective treatment to people with mental illness often requires effective working relationships with allied service delivery systems. A method of assessing the effectiveness of working relationships at the regional and direct service delivery level will be developed and tested in regard to organizations such as:

1. Department of Corrections (DOC)
2. Division of Alcohol and Substance Abuse (DASA)
3. Housing
4. Division of Vocational Rehabilitation (DVR)
5. Division of Development Disabilities (DDD)
6. Healthy Options
7. Division of Children and Family Services (DCFS)
8. Aging and Adult Services (AAS)
9. Schools
10. Division of Juvenile Rehabilitation (DJR)

Conclusion

This paper presents the Mental Health Division's current and continuing efforts in managed care reform. We have tried to capture both the spirit and some of the details in order to help consumers, families, RSN administrators and mental health agency staff obtain a sense of the direction being taken to better serve our customers. We continue to respond to the demands for rapid growth and transformation in our methods to meet the needs of Washington State citizens who have mental illness and severe emotional disorders.

Appendix A: RSN Map



Appendix B:

WAC 275-57-340 CONSUMER RIGHTS

The provider shall ensure consumers are knowledgeable of and protected by certain rights.

(1) The provider shall ensure consumers, prospective consumers, and/or legally responsible others are verbally informed, in their primary language, of consumer rights at admission to brief intervention and community support services.

(2) The provider shall post a written statement of consumer rights in public areas, with a copy available to consumers on request. Providers of only telephone services (e.g., crisis lines) shall post the statement of consumer rights in a location visible to staff and volunteers during working hours.

(3) The provider shall ensure the statement of consumer rights incorporates the following statement or a variation approved by the department: "You have the right to:

(a) Be treated with respect and dignity;

(b) Develop a plan of care and services which meets your unique needs;

(c) Refuse any proposed treatment, consistent with the requirements in the Involuntary Treatment Acts, chapters 71.05 and 71.34 RCW;

(d) Receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;

(e) Be free of any sexual exploitation or harassment;

(f) Review your case record;

(g) Receive an explanation of all medications prescribed, including expected effect and possible side effects;

(h) Confidentiality, as described in relevant statutes (chapters 70.02 , 71.05 and 71.34 RCW) and regulations (chapters 275-54 and 275-55 WAC and this chapter); and

(i) Lodge a complaint with the ombuds person, RSN or provider if you believe your rights have been violated.

If you lodge a complaint or grievance, you shall be free of any act of retaliation. The ombuds person may, at your request, assist you in filing a grievance. The ombuds person's phone number is: _____."

[Statutory Authority: Chapter 71.24 RCW, Title XIX Waiver and SSB 6547. 94-20-033 (Order 3783), §275-57-340 , filed 9/27/94, effective 10/28/94.]

RCW 71.05.360 RIGHTS OF INVOLUNTARILY DETAINED PERSONS

(1) Every person involuntarily detained or committed under the provisions of this chapter shall be entitled to all the

rights set forth in this chapter and shall retain all rights not denied him or her under this chapter.

(2) Each person involuntarily detained or committed pursuant to this chapter shall have the right to adequate care and individualized treatment. [1997 c 112 § 30; 1974 ex.s. c 145 § 25; 1973 1st ex.s. c 142 § 41.]

WAC 275-57-220 PREPAID HEALTH PLANS--OTHER SERVICES

(1) The department shall pay for mental health or other services covered under the department's medical care

programs that are excluded from the community mental health rehabilitation services managed care contract.

(2) The department's mental health or ancillary services may include, but are not limited to:

(a) Transportation as described under WAC 388-86-085 ; and

(b) Inpatient services.

[Statutory Authority: Chapter 71.24 RCW, Title XIX Waiver and SSB 6547. 94-20-033 (Order 3783), §275-57-220 , filed 9/27/94, effective 10/28/94.]